

10/590173

FORM PTO-1449 (modified)		Attorney Docket No.: 2545-0512
To: U.S. Patent and Trademark Office		Applicant: GHINI, Marco & CAVALLARI,
Information Disclosure Statement by Applicant		Appln. S.N.:
		Filing Date: August 18, 2006
		Examiner:
		Group Art Unit:
Date: August 18, 2006	Page 1 of 1	IAP6 Rec'd PCT/PTO 18 AUG 2006

**U.S. PATENT/PATENT APPLICATION DOCUMENTS**

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	2,594,394	04/1952	Casselman			
	BR	2,631,772	03/1953	Hiersteiner			
	CR						
	DR						
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

**FOREIGN PATENT DOCUMENTS**

						English Abstract		Translation Readily Available?	
		Document Number	Date MM/YY YY	Country	Inventor Name	Enclosed/ Cited Above	N O	Enclosed/ Cited Above	N O
	OR	EP0844187A1	05/1998	EPO	Ferrari	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PR	EP0872426A1	10/1998	EPO	Chabot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	QR	DE20113474U1	01/2003	Germany	Frankische Hartpapierwaren	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)**

	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner:

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\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.